

07/27/01

JC682 U.S. PTO

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PTO/SB/50(02-01)

JC971 U.S. PTO

09/917247



07/27/01

REISSUE PATENT APPLICATION TRANSMITTAL

Addressto:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

MOL 0530 RE

First Named Inventor

Vittorio de Nova

Original Patent Number

6,093,304

Original Patent Issue Date
(Month/Day/Year)

7/25/2000

Express Mail Label No.

ET302930280US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit original, and a duplicate for fee processing)
2. ☐ Applicant claim small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or targetable
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

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34,507

Signature

Date

7/27/01

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PTO/SB/BB(08-00)

Approved for release through 10/31/2002. OM 80651-0097

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: MOLTECH INVENT S.A. (VITTORIO DENORA INVENTOR)

Application No./Patent No.: 6,093,304 Filed/Issue Date: 7/25/2000

Entitled: CELL FOR ALUMINIUM ELECTROWINNING
MOLTECH INVENT S.A. CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

statesthatitis:

1. ☒ Assignee of the entire right, title, and interest; or
2. ☐ Assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 7685, Frame 0561, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]**

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7(27) (01

Date _____

AUTHOR: ZEP BY

BOARD OF

MOLTECH INVENT S A:

BRIAN CRONIN

Typed or printed name

Signature _____


Title

Bureau Headquarters: This form is to be completed by a 2-hour program. Time will vary depending upon the need for individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FOR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

PTO/SB/56 (12-97)
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) M0L0530 RE		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 25	Total Claims (37 CFR 1.16(j))	(B) 44	**** 19 =	x \$ 18 =	342			
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ =	160			
Basic Fee (37 CFR 1.16(h))				\$	OR			
Total Filing Fee				\$	\$ 710			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ =	OR		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =	OR		
Total Additional Fee				\$	OR			\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<p>7/27/01 Date</p>				<p> Signature of Applicant, Attorney or Agent of Record</p> <p>Jayadeep R. Deshmukh Typed or printed name</p>				

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